

in order of birth stated.

| PLACE OF BIRTH  |  | ARIZONA STATE BOARD OF HEALTH        |  |
|---|--|--------------------------------------|--|
| 1. County of <u>Sila</u>  | BUREAU OF VITAL STATISTICS   |                                      | State Index No. <u>173</u>             |
| District of _____   | ORIGINAL CERTIFICATE OF BIRTH  |                                      | County Registrar No. <u>695</u>        |
| Town of <u>Miami</u>  |  |                                      | Local Registrar No. _____              |
| or _____  |  |                                      | St. _____ Ward _____                   |
| City of _____   | (If birth occurred in a hospital or institution, give its NAME instead of street and number) |                                      |  |
| 2. Full name of child <u>Preston Edgar Granger</u>  | 4. Twin, triplet or other _____  |                                      | 6. Legitimate? <u>yes</u>              |
| 3. Sex of Child <u>Male</u>   | To be answered ONLY in event of plural births.   | 5. No., in order of birth <u>1st</u> | 7. Date of birth <u>Aug. 26- 1924.</u> |
| 8. FATHER   | MOTHER   |                                      |  |
| Full name <u>Charles Adam Granger</u>   | Full maiden name <u>Eugenia Edna Tiger</u>   |                                      |  |
| 9. Residence (Usual place of abode) <u>Miami</u>  | 15. Residence (Usual place of abode) <u>Miami</u>  |                                      |  |
| If nonresident, give place and state <u>Ariz.</u>   | If nonresident, give place and state <u>Ariz.</u>  |                                      |  |
| 10. Color or race <u>Cauc</u>   | 16. Color or race <u>Cauc</u>  |                                      |  |
| 11. Age at last birthday <u>23</u> (Years)  | 17. Age at last birthday <u>17</u> (Years)   |                                      |  |
| 12. Birthplace (city or place) <u>Waukegan</u>  | 18. Birthplace (city or place) <u>Fresno</u>   |                                      |  |
| (State or country) <u>Ill</u>   | (State or country) <u>Cal.</u>   |                                      |  |
| 13. Occupation  | 19. Occupation   |                                      |  |
| Nature of industry <u>Electrician</u>   | Nature of industry <u>Housewife</u>  |                                      |  |
| 20. Number of children of this mother   | 21. Were precautions taken against ophthalmia neonatorum?                                    |                                      |  |
| (Taken as of time of birth of child herein certified and including this child.)   | <u>Yes</u>   |                                      |  |
| (a) Born alive and now living <u>1</u>  |  |                                      |  |
| (b) Born alive but now dead _____   |  |                                      |  |
| (c) Stillborn _____   |  |                                      |  |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE   |  |                                      |  |
| I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>1 1/2</u> p.m. on the date above stated.  |  |                                      |  |
| (Born alive or stillborn)   |  |                                      |  |
| *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth. |  |                                      |  |
| Signature <u>Cyril M. Brown</u>   |  | Address <u>Miami, Ariz.</u>          |  |
| Given name added from a supplemental report _____   |  | Month, day, year. _____              |  |
| Registrar. _____  |  | Filed <u>Sept 30, 1924</u>           |  |
|   |  | Filed <u>10-6 1924</u>               |  |
|   |  | County Registrar. <u>D. S. S. A.</u> |  |

779-826-579